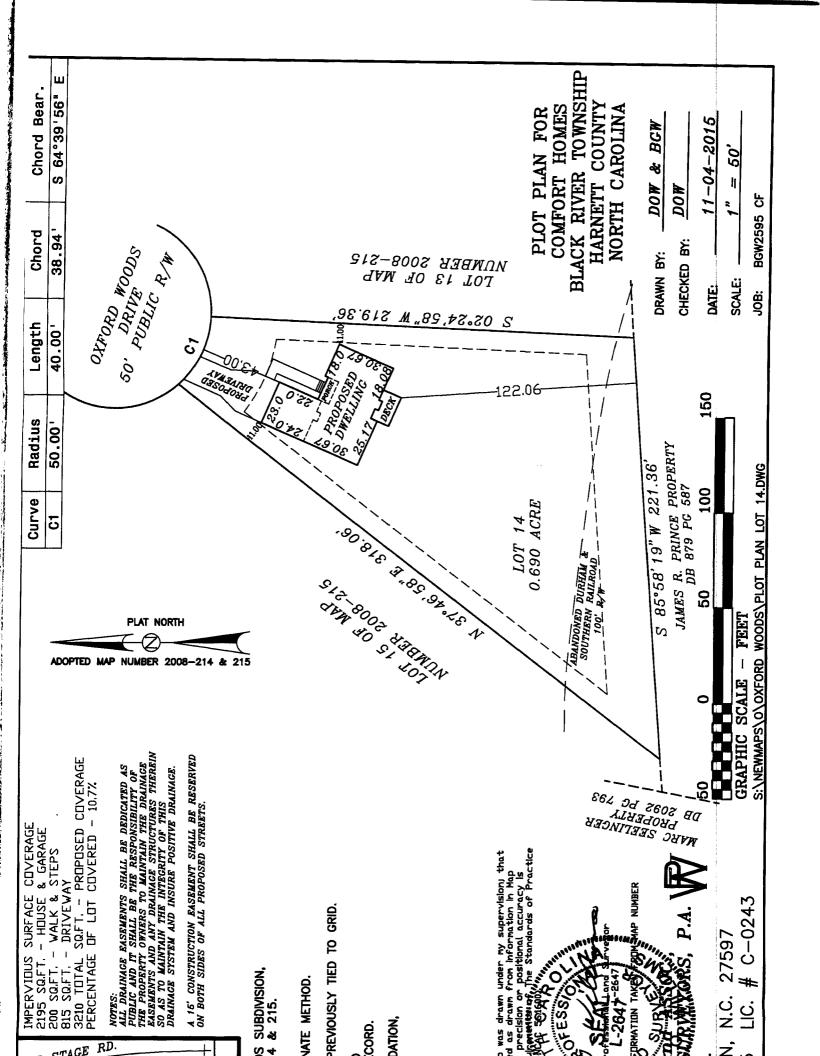
Initial Application Date:	2015		Application #	37679
12	915	IARNETT RESIDENTIAL LAND USE	CU# APPLICATION ext:2 Fax: (910) 893-279	
•		FER TO PURCHASE) & SITE PLAN ARE RE		!
LANDOWNER: Comfort Hom		Mailing Address: P O E		omes@aol.com
City: Clayton	State: NC Zip:_	27528 Contact No: 919 553 324	Email:	
APPLICANT*: Comfort Home	es, Inc.	Mailing Address: P O Box 369		
City: Clayton	State: NC Zip:	27528 Contact No: 919 553 324	2 Email: comfrth	omes@aol.com
*Please fill out applicant information	n if different than landowner			
CONTACT NAME APPLYING	IN OFFICE: Julian Stewart		Phone #	.81
PROPERTY LOCATION: Subo	division: Oxford Woods		Lot#:_14	Lot Size: .69 acre
State Road # 1006	State Road Name: Old Sta	age Road N	Map Book 8	1 Page 2008 214 42
Darcel: 040692 0017 24		PIN: 0682-88-4489.0	00	
Zoning: RA-30 Flood Zone	e: Watershed:	Deed Book & Page:/	Power Company*:	Duke Progress Energy
*New structures with Progress	Energy as service provider ne	eed to supply premise number 93627	14341	rom Progress Energy.
☐ Mod: (Sizex	) # Bedrooms # Baths (Is the second floor finished? (	) yes ( ✓ ) no w/ a closet? () y Basement (w/wo bath) Garage () yes () no Any other site bui x) # Bedrooms: Ga	: Site Built Deck: It additions? () yes ()	On Frame Off Frame no
☐ Duplex: (Sizex	) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Roc	oms: Use:	Hours of Opera	ition:	#Employees:
D Addition/Assessment/Otho	r:/Sizo v \llse:		Closets	in addition? () yes () no
		New Well (# of dwellings using well _		
Sewage Supply: ✓ New S	Septic Tank (Complete Checkl	ist) Existing Septic Tank (Cor	mplete Checklist) Co	ounty Sewer
		anufactured home within five hundred		ove? () yes (¥) no
		ound or overhead () yes ( <u></u> ) no		
Structures (existing or propos	ed): Single family dwellings:_	roposed Manufactured Home	es:Other	(specify):
Required Residential Prope	erty Line Setbacks:	Comments:		
•	Actual 43'			
Rear 25'	122'			:
Closest Side 10'	11'			
Sidestreet/corner lot n/a				
Nearest Building n/a				
on same lot	nd Use Application	Page 1 of 2  APPLICATION CONTINUES ON	BACK	03/11



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	1
APPLICATION #:	i i
AFFLR ATHUN #"	
	i

NAME:	Bost Hoties, Birc.	APPLICATION #:
	*This application to be filled out when ap	plying for a septic system inspection.*
County Hea		ement Permit and/or Authorization to Construct
IF THE INFORMAT PERMIT OR AUTH	TION IN THIS APPLICATION IS FALSIFIED, CHANG HORIZATION TO CONSTRUCT SHALL BECOME IN	GED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT VALID. The permit is valid for either 60 months or without expiration
	cumentation submitted. (Complete site plan = 60 months; 8-7525 option 1	· · · · · · · · · · · · · · · · · · ·
	ntal Health New Septic System Ccde 800	CONFIRMATION #
• All prop	perty irons must be made visible. Place "ni	nk property flags" on each corner iron of lot. All property
lines mu	ust be clearly flagged approximately every 50 fe	et between corners
<ul> <li>Place "or</li> </ul>	orange house corner flags" at each corner of the	e proposed structure. Also flag driveways, garages, decks,
out build	lings, swimming pools, etc. Place flags per site	e plan developed at/for Central Permitting.
<ul> <li>Place ora</li> </ul>	range Environmental Health card in location tha	at is easily viewed from road to assist in locating property.
<ul> <li>If proper evaluation</li> </ul>	ty is thickly wooded, Environmental Health recont to be performed. Inspectors should be able	quires that you clean out the <u>undergrowth</u> to allow the soil to walk freely around site. <b>Do not grade property</b> .
<ul> <li>All lots t</li> </ul>	to be addressed within 10 business days at	ter confirmation. \$25.00 return trip fee may be incurred
<u>tor failui</u>	<u>re to uncover outlet lid, mark house corners</u>	s and property lines, etc. once lot confirmed ready.
After prepared to the second control of	paring proposed site call the voice permitting s	system at 910-893-7525 option 1 to schedule and use code
confirmat	ation number given at end of recording for proof	ts exist) for Environmental Health inspection. Please note
Use Click	k2Gov or IVR to verify results. Once approved	proceed to Central Permitting for permits
<b>Environmen</b>	ntal Health Existing Tank Inspections Code	800
<ul> <li>Follow at</li> </ul>	bove instructions for placing flags and card on	property.
<ul> <li>Prepare</li> </ul>	for inspection by removing soil over outlet ei	nd of tank as diagram indicates, and lift lid straight up (if
possible)	) and then <b>put lid back in place</b> . (Unless inspe	ection is for a septic tank in a mobile home park)
	LEAVE LIDS OFF OF SEPTIC TANK	
if multiple	e permits, then use code 800 for Environme	stem at 910-893-7525 option 1 & select notification permit intal Health inspection. Please note confirmation number
	end of recording for proof of request.	That Fleath inspection. Flease note communation hymber
		proceed to Central Permitting for remaining permits.
<u>SEPTIC</u>		
Accepted	[_] Innovative { ] Convention	ype(s): can be ranked in order of preference, must choose one.
•	·	
() Alternative	{} Other	
	l notify the local health department upon submittal o swer is "yes", applicant MUST ATTACH SUPPO	of this application if any of the following apply to the property in
question. If the ans	swel is yes, applicant WOST ATTACH SOFFO.	RTING DOCUMENTATION:
\_\YES \_\N	•	
_ YES   <u>X</u>   N		w or in the future?
$\{\_\}$ YES $\{X\}$ N		? Please explain
<u>X</u>   N		lines or Wastewater Systems on this property?
_ YES  X N		the site other than domestic sewage?
1_)YES (X) N	NO Is the site subject to approval by any other F	Public Agency?
{_}}YES {\( \frac{1}{2} \)} N	NO Are there any Easements or Right of Ways	on this property?
{_}}YES ()N	NO Does the site contain any existing water, cal	ole, phone or underground electric lines? - only @ Street &
	If yes please call No Cuts at 800-632-4949	to locate the lines. This is a free service.
I Have Read This Ap	pplication And Certify That The Information Provided	d Herein Is True, Complete And Correct. Authorized County And
		tions To Determine Compliance With Applicable Laws And Rules.

I St

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

November 24, 2015

Comfort Homes, Inc. has an option to purchase Lots 14, 16, 35, 37, and 38 in Oxford Woods Subdivision, recorded in Map Book 2008, Pages 214-215, Harnett County Register of Deeds.

(Seat)

I, Patricia F. Waite, do hereby certify that Julian R. Stewart, President of Comfort Homes, Inc., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial Seal, this 24th day of November 2015.

(Notary Public)

My commission expires 4/2/17.



App # 370 Valuation / 870 B Heated SQ Feet  Garage  Inspections for SFD/SFA  Crawl Slab Mono Basement  Footing Footing Plum Under Slab Footing Foundation Foundation Ele. Under Slab Foundation Address Address Address Waterproofing Open Floor Slab Mono Slab Plum Under slab Rough In Rough In Rough In Address Insulation Insulation Insulation Slab Final Final Open Floor Rough In Insulation Final	3.0
Inspections for SFD/SFA  Crawl Slab Mono Basement  Footing Footing Plum Under Slab Footing Foundation Foundation Ele. Under Slab Foundation Address Address Waterproofing Open Floor Slab Mono Slab Plum Under slab Rough In Rough In Rough In Address Insulation Insulation Insulation Slab Final Final Open Floor Rough In Insulation	3.0
Inspections for SFD/SFA  Crawl Slab Mono Basement  Footing Footing Plum Under Slab Footing Foundation Foundation Ele. Under Slab Foundation Address Address Address Waterproofing Open Floor Slab Mono Slab Plum Under slab Rough In Rough In Rough In Address Insulation Insulation Insulation Slab Final Final Open Floor Rough In Insulation	3.0
Slab   Mono   Basement	55
Footing Footing Plum Under Slab Footing Foundation Foundation Ele. Under Slab Foundation Address Address Address Waterproofing Open Floor Slab Mono Slab Plum Under slab Rough In Rough In Rough In Rough In Insulation Insulation Slab Final Open Floor Rough In Insulation Insulation	
Footing Footing Plum Under Slab Footing Foundation Foundation Ele. Under Slab Foundation Address Address Address Waterproofing Open Floor Slab Mono Slab Plum Under slab Rough In Rough In Rough In Address Insulation Insulation Slab Final Final Open Floor Rough In Insulation	
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Insulation Insulation Slab Final Final Open Floor Rough In Insulation	
Final Final Open Floor Rough In Insulation	
Rough In Insulation	
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Foundation Survey V Envir. Health MCN Other	
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Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company name & phone must match. Harnet: County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fix 910 893 2793 www harnett org/permits

# Application for Residential Building and Trades Permit

Owner's Name Contact dones has	2 11 20 -
Site Address 311 Oxford Words Dr. Agic M	Date 11- 23-15
Directions to job site from Lillington 100-2100: 100	
right on Old Soce subdivision	By DU Kowson Kong.
3 21, 240 2006 20018100	m right
Subdivision Oxford Winds	
Description of Description of Description	Lot 14
Description of Proposed Work Construction of Single	Lanily of Bedrooms 3
Heated SF 1549 Unheated SF 552 Finished Bonus Room?  General Contractor Information	Crawl Space WD Slab
Constal Jones Suc	ш О.О
Building Contractor's Company Name	419-553-3343 Telephone
FO SON 3Py Cloudy US 37238	$\Delta = 0.11$
Address	Email Address
3518+ License #	
Electrical Contractor Information	
Description of Works bushing a fram but Service Size	O Amns T.Pole You No
Cannot ill & lectoic	919-975-0599
Electrical Contractor's Company Name	Telephone
105 Thanksquing Val Fre Front Rd Solman	2 37576
Address	Email Address
<u> </u>	•
Mechanical//IVAC Contractor Inform	nation
Description of Work Paragran time of the We	15 Min
Sections of the second	9,0,300 0,01
Mechanical Contractor s Company Name	Telephone
Address Spignoch Dr. Garon NC 222	· ·
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work Tough in + triin out	# Baths 2
Thomba & adnother	
Plumbing Contractor's Company Name	919-550-4833 Telephone
Sto Oirson Rd, Clayer DC 200	
Address	Email Address
License #	
Insulation Contractor Information	
Jahrn Insilaisa - 519 Old Dre Sage	
Insulation Contractor's Company Name & Address	Telephone 999
2029d	· eropitolio
MOTE Carried to	

\*NOTE General Contractor must fill out and sign the second page of this application

I hereby certify that I have the authority to make necessary application that the application is correct and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee is as per current fee schedule

is as per current fee schedule
Falle Wate 11-23-15
Signature of Owner/Contracto Officer(s) of Corporation Date
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the
General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s) rfirm(s) or corporation(s) performing the work set forth in the permit
Has three (3) or more employees and has obtained workers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves
Has no more than two (2) employees and no subcontractors
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work
Company or Name Confish Hones In
Sign w/Title Pallie Wile Cost bac'y Date 11-23-15
Code
and the second of the second o

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 382620

Filed on: 11/18/2015

Initially filed by: ComfortHomes

#### Designated Lien Agent

WFG National Title Insurance Company

Online: www.liensnc.com(http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com(mailto-support@liensnc.com)

#### **Project Property**

Oxford Woods lot 14 311 OXFORD WOODS DRIVE ANGIER, NC 27501 Harnett County

### Property Type

1-2 Family Dwelling

#### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

#### Owner Information

Comfort Homes, Inc.
P O Box 369
Clayton, NC 27528
United States
Email: comfrthomes@aol.com
Phone: 919-553-3242

View Comments (0)

Technical Support Hotline: (888) 690-7384

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A Laboratoria			

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 210 N; right on	Benson Road; right on Old Stage: subdivision on right
	g-, essanden di light
permits are granted Lagren to conform to the	
permits are granted I agree to conform to all ordinances and laws of the State of North Card hereby state that foregoing statements are accurate and correct to the best of my knowledge	olina regulating such work and the specifications of plans submitte
	11/24/15
Signature of Owner or Owner's Agent	Date
**It is the owner/applicants responsibility to provide the sourth with	

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*